

O.C.
CH

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Ph</i>	<i>67014</i>	<i>9/13/60</i>
O.I.P.E. CLASSIFIER		<i>21</i>	<i>9/13/60</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>60574</i>	<i>10-13-60</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
1	<i>8/3/56</i>
2	<i>1/3/59</i>
3	<i>1/16/63</i>
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Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions
 staple additional sheet here

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